1997-98 SESSION COMMITTEE HEARING RECORDS

Committee Name: Joint Committee on Finance (JC-Fi)

Sample:

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- > 05hrAC-EdR_RCP_pt01a
- > 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

- Appointments ... Appt
- > **
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- > Committee Hearings ... CH
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- > **
- > <u>Executive Sessions</u> ... ES
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- > <u>Hearing Records</u> ... HR
- > **
- Miscellaneous ... Misc
- > 97hrJC-Fi_Misc_pt66b_LFB
- Record of Comm. Proceedings ... RCP
- > **

To:

Joint Committee on Finance

From:

Bob Lang, Director

Legislative Fiscal Bureau

ISSUE

Primary Health Care Service Grants (DHFS--Health)

[LFB Summary: Page 281, #9]

CURRENT LAW

The Department of Health and Family Services (DHFS), Division of Health is budgeted \$250,000 GPR annually to distribute as grants to local public health agencies to support primary care health services. "Primary health care services" are defined as:

- Services of a physician and, if feasible, services of a physician assistant, nurse practitioner, or public health nurse;
- Diagnostic laboratory and radiological services, if the local public health department provides such services;
- Preventative health services, including eye and ear examinations for children to determine the need for vision or hearing correction, perinatal services, well-child services and family planning services;
 - Preventative dental services; and
 - Case management services.

As a condition of receiving a grant, local health departments must provide funds or inkind services that match 25% of the state grant amount. Grant funding may not be used for administrative activities and may not be used to supplant local funds expended for such purposes prior to May 11, 1990. DHFS is authorized to award grants, based on criteria and procedures developed by the Department, which must promote the development and maintenance of integrated community health services.

GOVERNOR

Repeal the program and delete \$250,000 GPR annually.

DISCUSSION POINTS

- 1. 1995 Wisconsin Act 27 reduced funding for primary grant services from \$750,000 to \$500,000 in 1995-96 and from \$500,000 to \$250,000 in 1996-97. Because primary health care grants are awarded on a calendar year basis, DHFS allocated all of the funding budgeted for 1996-97 during the first half of the fiscal year. As a result, all primary health care grant funds budgeted in the 1995-97 biennium were expended during calendar year 1996 and no new grant amounts were awarded for calendar year 1997.
- 2. Although it is not known how each local public health agency has responded to the termination of these grants in calendar year 1997, it is likely that some agencies were required to reduce the number of persons served by projects funded through these grants. Other agencies may have been able to maintain support for these projects by identifying alternate funding sources.
- 3. In calendar year 1996, \$375,000 was allocated to 78 local public health agencies. DHFS awarded primary health care grants on a noncompetitive basis, using a formula which took into account county population, poverty and risk factors, such as infant mortality rates and death rates from cancer, heart disease and stroke. The smallest grant award was \$940 and the largest award was \$56,231. Attachment 1 identifies the 1996 grant award for each agency.
- 4. The administration argues that the size of each grant award is too small to provide any significant health benefits or to enable local public health agencies to focus on a specific health problem.
- 5. Attachment 2 provides a summary of statewide local health department expenditures, by source of funds. Attachment 2 shows that, on average, state funding provided under this program has represented less than 1% of total spending by local public health agencies.

However, these funds have been used to support services that might not otherwise be funded. For example, some local public health agencies have used these funds to partially support the costs of primary health care staff, such as a public health nurse to provide screening and assessments for health problems. All of the projects provide services to a specific population

based on age, sex or health risk and many of the projects focus on children. Individuals served by these projects are typically individuals who do not qualify for other public health programs, such as medical assistance.

- 6. In 1995, at the request of the Committee, the Legislative Audit Bureau (LAB) conducted an evaluation of the primary health care services program to determine its effectiveness in increasing access to primary health care services for low-income individuals. The LAB evaluation concluded that while it was not possible to measure the degree to which the program had increased access, the program appeared to have made services available to a limited number of individuals.
- 7. While many of these projects were designed to provide assessments and make referrals for direct services, some projects included the provision of direct services. For example, the Grant County Health Department used its grant to expand comprehensive physical examinations, similar to those provided to medical assistance (MA) recipients under the early and periodic, diagnostic testing and screening benefit (HealthCheck) to families not otherwise eligible for the program. Similarly, the Crawford County Public Health Department used its grant to provide prenatal care to families that did not qualify for MA.
- 8. The primary health care services grant funds represent the only noncategorical GPR funding provided to local health agencies. These funds are discretionary, which enables local health departments to provide services to people who are ineligible for other programs.
- 9. In light of concerns over the effect such small grant amounts have on the primary health needs of the state's low-income population, the Committee could modify the program by directing DHFS to distribute grants on a competitive basis, rather than through a noncompetitive formula, and authorize DHFS to distribute grants of up to \$50,000 for the provision of primary health care services. Under this alternative, projects previously funded under the program that have demonstrated their effectiveness, as determined by DHFS, could again receive state funding, beginning in calendar year 1998. Because grants are provided on a calendar year basis, \$125,000 GPR in 1997-98 and \$250,000 GPR in 1998-99 could be provided to support such a program.

Alternatively, this same approach could be used under a biennial appropriation of \$250,000 GPR. This would allow the Department flexibility in distributing grants over a longer time period.

ALTERNATIVES TO BILL

1. Adopt the Governor's recommendation to repeal the primary health care services grant program and reduce base funding for the program (\$250,000 GPR annually).

2. Modify the program by: (a) providing \$125,000 GPR in 1997-98 and \$250,000 GPR in 1998-99; and (b) requiring DHFS to award the grants, beginning in calendar year 1998, in amounts up to \$50,000 on a competitive basis for the provision of primary health care services.

Alternative 2	GPR
1997-99 FUNDING (Change to Bill)	\$375,000

3. Modify the program by: (a) providing \$250,000 GPR in 1997-99 under a biennial appropriation; and (b) requiring DHFS to award grants, beginning in calendar year 1998 in amounts up to \$50,000 on a competitive basis for the provision of health care services.

Alternative 3	<u>GPR</u>
1997-99 FUNDING (Change to Bill)	\$250,000

4. Maintain current law.

Alternative 3	<u>GPR</u>
1997-99 FUNDING (Change to Bill)	\$500,000

Prepared by: Amie T. Goldman

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Primary Health Care Service Grants

Motion:

Move to delete the Governor's recommendation to repeal the primary health care service grants program. In addition, modify the program by: (a) providing \$1.0 million GPR annually; and (b) requiring DHFS to award the grants in amounts up \$50,000 on a competitive basis for the provision of primary health care services.

[Change to Bill: \$2,000,000 GPR]

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Primary Health Care Service Grants

Motio	n.

Move to delete the Governor's recommendation to repeal the primary health care service grants program. In addition, increase base funding for the program from \$250,000 GPR annually to \$1,000,000 GPR annually.

Note:

Senate Bill 77 would repeal the primary health care service grants program and delete base funding for the program (\$250,000 GPR annually).

This motion would delete SB 77 provisions that would repeal the program. In addition, the motion would increase base funding for the program by \$750,000 GPR annually so that a total of \$1,000,000 GPR annually would be budgeted for the program.

[Change to Bill: \$2,000,000 GPR]

IVIU#	No. No.		
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BURKE	Y	N	Α
DECKER	Υ	N	A
GEORGE	Y	N	A
JAUCH	Υ	N	A
WINEKE	Υ	N	A
SHIBILSKI	Υ	N	Α
COWLES	Υ	N	Α
PANZER	Υ	N	A
JENSEN	Υ	N	Α
OURADA	Υ	N	A
HARSDORF	Υ	N	A
ALBERS	Υ	Ν	Α
GARD	Υ	N	Α
KAUFERT	Υ	N	Α
LINTON	Υ	N	Α
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ATTACHMENT 1

Primary Health Care Service Grant Allocations Calendar Year 1996

Local Public Health Agency	1996 Award	Local Public Health Agency	1996 Award
Adams County Health Department	\$1,277	Pepin County Health Department	\$1,000
Ashland County Health Department	1,493	Pierce County Health Department	2,866
Barron County Health Department	3,518	Polk County Health Department	2,951
Bayfield County Health Department	1,433	Portage County Human Services Department	4,711
Brown County Health Department	12,610	Price County Health Department	1,576
Burnett County Health Department	1,347	Richland County Health Department	1,475
Calumet County Health Department	2,070	Rock County Public Health Department	7,935
Chippewa County Health Department	4,528	Rusk County Dept. HHS	1,605
Clark County Health Department	3,842	St. Croix County Dept. HSS	3,534
Columbia County Health Department	3,532	Sauk County Public Health Department	3,642
Crawford County Health Department	1,868	Sawyer County Health Department	1,525
Dane County Human Services Department	9,894	Shawano County Health Department	3,349
Dodge County Health & Human Services Department	5,478	Sheboygan County Div. Public Health	6,377
Door County Health Department	1,807	Taylor County Human Services Dept.	1,957
Douglas County Health Department	3,301	Trempealeau County Health Department	2,453
Dunn County Health Department	3,287	Vernon County Health Department	2,583
Florence County Health Department	1,000	Vilas County Health Department	1,401
Fond du Lac County Health Department	6,211	Walworth County Public Health Nursing	5,140
Forest County Health Department	1,000	Washburn County Health Department	1,232
Grant County Health Department	4,910	Washington County Comm. Health Nursing	6,107
Green County Health Department	2,552	Waukesha County Public Health Division	15.343
Green Lake County Nursing Service	1,484	Waupaca County Human Services	3,504
Iowa County Health Department	1,916	Waushara County Health Department	1,691
Iron County Health Department	1,000	Winnebago County Health Department	6,333
Jefferson County Health Department	3,512	Wood County Health Department	5.627
Juneau County Health Department	1,988	•	-,
Kenosha County Health Department	20,323	City of Madison	10,410
Kewaunee County Health Department	1,490	Milwaukee Health Department	56,231
LaCrosse County Health Department	6.407	Eau Claire City/County Health Department	6,407
Lafayette County Health Department	1,626	Menasha Health Department	940
Langlade County Health Department	1,919	West Allis Health Department	6,639
Lincoln County Health Department	2,262	Beloit Health Department	2,677
Manitowoc County Health Department	4,981	Racine Health Department	6,834
Marathon County Health Department	8,704	Appleton Health Department	4,505
Marinette County Health Department	3,180	De Pere Dept. Public Health	1,177
Marquette County Health Department	1,282	Greenfield Health Department	24.451
Monroe County Health Department	3,139	Neenah Dept. Public Health	1,516
Oconto County Dept. Human Services	2,865	Watertown Dept. of Public Health	1,379
Oneida County Health Department	2,076	-	- 14
Outagamie County Dept. Human Services	5,132	TOTAL	\$375,000
Ozaukee County Public Health Department	3,683		1

ATTACHMENT 2

1995 Total Statewide Local Health Department Expenditures by Source of Funds

Source of Funds	Expenditures	Percent	
Local Taxes			
County, City or Villages Taxes	\$48,891,786	58.6%	
Fees for Services			
Community Options Program	\$93,692	0.1%	
Jail Health	582,467	0.7	
Title 18 (Medicare)	205,365	0.2	
Title 19 (including HealthCheck &			
Prenatal Care Coordination)	2,036,305	2.4	
Other Personal Health Fees	2,026,363	2.4	
Environmental health Fees	1,136,900	1.4	
Laboratory Service Fees	804,045	1.0	
License Fees	2,902,540	3.5	
School Health Fees	1,168,075	1.4	
Other	815,628	1.0	
Subtotal	\$11,771,380	14.1%	
Block Grants			
Maternal and Child Health	\$3,212,656	3.8%	
Prevention	1,195,539	1.4	
Primary Care (GPR)	690,176	0.8	
WIC	7,220,795	8.7	
Other	1,925,367	2.3	
Subtotal	\$14,244,533	17.1%	
Other Categorical Funds			
School Health Grants	\$152,133	0.2%	
HIV/AIDS	723,706	0.9	
Birth-to-Three	479,366	0.6	
Cancer	1,171,525	1.4	
Lead Screening	2,027,342	2.4	
Immunization	1,935,937	2.3	
Other	976,817	1.2	
Subtotal	\$7,466,826	8.9%	
Other			
Donations	337,472	0.4	
Other Sources	666,715	0.8	
Subtotal	\$1,004,187	1.2%	
TOTAL	\$883,474,054	100.0%	

NOTE: Two of the state's 98 LHDs did not report expenditures by funding sources.

Source: DHFS Center for Health Statistics.

To:

Joint Committee on Finance

From:

Bob Lang, Director

Legislative Fiscal Bureau

ISSUE

Women, Infants and Children Supplemental Food Program Grant Match (DHFS --Health)

[LFB Summary: Page 281, #10]

CURRENT LAW

The Department of Health and Family Services distributes federal funds the state receives from the U.S. Department of Agriculture to local agencies that provide food and nutritional educational services at no cost to persons enrolled in the women, infants and children (WIC) supplemental food program. Pregnant, postpartum and breastfeeding women, infants and children under age five in households with income under 185% of the federal poverty level who are identified as being a nutritional "risk" are eligible for the program. Average monthly participation in the program was approximately 110,000 individuals in 1995-96.

1995 Wisconsin Act 27 eliminated the state GPR supplement to the WIC program. Although no GPR funding was budgeted for the program in the 1995-97 biennium, DHFS was authorized to continue to spend down the balance of the GPR continuing appropriation until the funding previously budgeted for the program was completely exhausted. As of April 1, 1997, the balance of this appropriation was approximately \$750,000.

The farmer's market nutrition program (FMNP) grant is a separate federal WIC grant that requires a 30% state match. The FMNP allows WIC recipients to purchase fresh fruit and vegetables from authorized farmers' markets. The FMNP food package is provided to families in addition to the WIC food package issued to WIC recipients. The program currently operates in Dane, Eau Claire and Milwaukee Counties.

GOVERNOR

Provide \$112,000 GPR in 1997-98 and 1998-99 to enable the state to continue to participate in the FMNP after the balance of the GPR WIC appropriation is completely exhausted.

DISCUSSION POINTS

1. DHFS first applied for an FMNP grant for the 1995 farmer's market season (June through October). The original grant request would have been sufficient to support the program in five counties, one in each region of the state, and to provide each recipient with a \$20 FMNP food package, which families could use during the farmers' market season.

However, the actual 1995 grant award was less than the amount requested by DHFS. Consequently, DHFS determined that available grant funding would be sufficient to support the program in three counties, with each participating WIC family receiving a \$16 FMNP food package. The three participating counties were selected based on risk, the presence of active farmers' market associations, regular scheduled market days, and sufficient numbers of participating farmers to serve the needs of the WIC recipients. Currently, 16 farmers' markets and 200 farmers participate in the program in these three counties.

- 2. In the 1997 season, each participating family will receive a \$15 FMNP food package to be used for the purchase of locally grown fresh fruits, vegetables and herbs during the farmers market season. Under federal program rules, a WIC FMNP food package cannot exceed \$20 per person.
- 3. Participant and farmer satisfaction surveys indicate that the program has met its two goals: (1) increasing consumption of fruits and vegetables among WIC families; and (2) increasing sales at farmers' markets. In addition, the farmer's survey indicated that, given the opportunity, 95% of participating farmers would continue to participate in the program.
- 4. Two counties that are not currently served by the FMNP program, Brown County and Marathon County, have expressed an interest in participating in the program. The Governor's budget would not provide sufficient funding to expand the program to these counties.
- 5. Federal funding budgeted for the FMNP program has totaled \$6.75 million for each of the past three years. These funds are prorated among states which have participated in the program in prior years, with consideration of funding requests from states which have not participated in the past and increased grant requests from currently participating states.
- 6. The President's 1998 budget would provide almost twice as much funding for the program in federal fiscal year 1997-98 (\$12.0 million) as was provided in federal fiscal year

1996-97 (\$6.75 million). Consequently, additional federal funding may be available if Wisconsin chose to expand its program.

For example, if the program were expanded to include Brown and Marathon County and each WIC family received a \$15 FMNP food package, the additional annual cost would be approximately \$37,000. Due to the availability of a 70% federal match, the GPR share of these costs would be \$11,000. This expansion would enable approximately 2,500 additional families to participate in the program.

Alternatively, the Committee could provide enough GPR to fund the program in these two counties and increase the FMNP food package to \$20 per family in all five counties. The additional annual cost of this expansion would be \$174,000. The GPR share of these costs would be approximately \$52,100 annually.

- 7. As previously indicated, Wisconsin's 1995-97 biennial budget eliminated the GPR supplement for the WIC program. A review of the program's 1996-97 expenditures to date suggests that the program will completely exhaust the carryover balance from the GPR appropriation. In fact, it appears that the program may experience a \$0.5 million shortfall in 1996-97. If the Governor's recommendations are approved, the FMNP GPR funds budgeted for 1997-98 would be used as the match for this year's farmers market program. If the Committee deletes the Governor's recommendations, the federal funding which DHFS has already received for the 1997 season would have to be returned to the U.S. Department of Agriculture.
- 8. The Committee could delete the Governor's recommendation and GPR funding for the FMNP program. Under this alternative, DHFS would be required to return federal funds the state received for the 1997 season and WIC families in those three counties would not be able to participate in the program during the 1997 farmers' market season. However, these families would still retain the standard WIC food package that is available to WIC participants in all other counties in the state.

ALTERNATIVES TO BILL

- 1. Approve the Governor's recommendation to provide \$112,000 GPR in each year to be used as the state match for the FMNP grant.
- 2. Increase funding recommended by the Governor by \$11,000 GPR and \$26,000 FED in 1997-98 and 1998-99 to enable DHFS to expand the FMNP to two additional counties, beginning with the 1998 farmers' market season.

Alternative 2	GPR	FED	TOTAL
1997-99 FUNDING (Change to Bill)	\$22,000	\$52,000	\$74,000

3. Increase funding recommended by the Governor by \$52,000 GPR and \$122,000 FED annually to enable DHFS to: (a) expand the FMNP to two additional counties, beginning with the 1998 farmers' market season; and (b) increase the food package amount for all participating FMNP families from \$15 to \$20, beginning with the 1998 farmers' market season.

Alternative 3	<u>GPR</u>	FED	TOTAL
1997-99 FUNDING (Change to Bill)	\$104,000	\$244,000	\$348,000

4. Maintain current law.

Alternative 4	<u>GPR</u>	FED	TOTAL
1997-99 FUNDING (Change to Bill)	- \$224,000	- \$522,100	- \$746,100

Prepared by: Amie T. Goldman

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To:

Joint Committee on Finance

From:

Bob Lang, Director

Legislative Fiscal Bureau

ISSUE

Abortion Publications (DHFS -- Health)

[LFB Summary: Page 285, #12]

CURRENT LAW

DHFS is required to publish and distribute information that, under provisions of 1995 Wisconsin Act 309, must be made available to women prior to the performance of an abortion.

DHFS is required to publish and distribute geographically indexed materials that inform a woman about public and private agencies, including adoption agencies, and services that are available to a woman who is continuing her pregnancy. In addition, DHFS is required to publish materials, including photographs, pictures and drawings, that are designed to inform a woman of the probable anatomical and physiological characteristics of the unborn child at certain increments of her pregnancy. Finally, the Department is required to develop and print a form which a woman having an abortion would sign in order to certify that certain information had been made available to her. All of these materials are to be published in English, Spanish and other languages spoken by a significant number of state residents, as determined by the DHFS. Upon request, DHFS is required to annually review the materials for accuracy and exercise reasonable diligence in providing materials that are accurate and current.

DHFS is authorized to charge a fee not to exceed the actual cost of the preparation and distribution of these materials. County social service departments and county human services departments may charge a fee for these materials that does not exceed the actual cost and preparation of these materials.

GOVERNOR

Provide \$100,000 in each year for DHFS to publish and distribute the abortion materials required by 1995 Wisconsin Act 309. In addition, delete the authority of DHFS and county departments to charge a fee for these materials.

DISCUSSION POINTS

1. The constitutionality of the Act 309 provisions have been challenged in a court case brought against the State of Wisconsin. In May, 1996, the United States district court judge assigned to the case issued a temporary restraining order which prohibited enforcement of the Act 309 provisions by defendants, their employes, agents and successors. This temporary restraining order has been renewed and is currently in effect. In September, 1996, DHFS was added as a defendant to the case and was consequently prohibited from continuing work on the development of the abortion materials. The trial was conducted in October, 1996. However, the court has not yet issued its ruling related to this matter.

Because the court has not yet ruled on the constitutionality of Act 309, there is still uncertainty as to whether or not DHFS will be able to implement all of the Act 309 provisions, including the provisions which relate to the publication and distribution of the abortion materials. Depending on the court's ruling, DHFS may: (a) be permitted to publish and distribute the materials as outlined in the Act 309 provisions; (b) be prohibited from publishing and distributing the materials as outlined in the Act 309 provisions; or (c) be required to modify the provisions relating to the publication and distribution of the materials.

- 2. Based on the uncertainty of the outcome of the lawsuit, the funding recommended by the Governor for DHFS to publish and distribute these materials could be placed in unallotted reserve for release by DOA if a ruling is made that would enable DHFS to develop and distribute these materials.
- 3. Alternatively, the Committee could delete funding for the publication of these materials from the budget. Under this alternative, DHFS could request supplemental funding using the process under s. 13.10 of the statutes to request additional funding for this purpose if: (a) the court permits DHFS to produce and distribute these materials; and (b) DHFS is able to demonstrate that funding is not available in the Division of Health's supplies and services base budget that could be reallocated for this purpose. Base funding for the Division of Health's general program operations' supplies and services budget is \$2,426,700 GPR.
- 4. If the Committee wished to provide funding for the printing and distribution of these materials, as part of the 1997-99 biennial budget, there are a number of ways in which the costs of producing these abortion publications could be reduced. First, DHFS could produce a quantity of materials which more closely reflects the number of abortions performed in the state

each year. In calendar year 1995, there were 12,782 reported induced abortions in Wisconsin. However, the Governor's cost estimate assumes that 32,600 copies of each of the three sets of printed materials would be produced in each year. The Governor's recommendation is also based on the Act 309 requirement that the materials be printed in 12 point type.

As an alternative to the Governor's recommendation, funding could be budgeted that would enable DHFS to produce 14,000 copies of the consent form, 16,000 copies of the booklet describing the anatomical and physiological characteristics of a fetus and 20,000 copies of the geographically indexed resource directory. The costs of these materials could be further reduced by removing the statutory requirement that all of the text in the materials be printed in 12 point font. The following provides a sample of three font sizes.

This is an example of 10 point font.

This is an example of 11 point font.

This is an example of 12 point font.

The attachment to this memorandum is a sample of a page from a Pennsylvania resource directory that contains text of various font sizes. This sample illustrates the additional flexibility DHFS would have for the presentation of these materials if it were not required to only use 12 point font.

- 5. The Governor's recommendation does not include funding for the development of the abortion materials. However, prior to the September, 1996, order naming DHFS as a defendant in the lawsuit, the Department had already produced a draft of the fetal information booklet and was close to finishing a draft of the geographically indexed materials.
- 6. The provision of Act 309 that would have permitted DHFS and counties to charge providers for these materials has been challenged as part of the lawsuit. The Governor's recommendation to delete these provisions is primarily based on issues raised in the lawsuit and, to a lesser degree, the administrative feasibility of recovering these costs from providers.

ALTERNATIVES TO BILL

1. Approve the Governor's recommendation to provide \$100,000 in each year for the publication and distribution of the abortion materials required by Act 309 and to repeal the authority of DHFS and county agencies to charge for these materials.

- 2. Modify the Governor's recommendation by placing the funding amount recommended by the Governor in unallotted reserve for release by DOA on the condition that the court determines that DHFS may produce and distribute these materials.
- 3. Modify the Governor's recommendations by reducing funding for the publication and distribution of these materials by \$59,100 GPR in 1997-98 and \$61,100 in 1998-99 to reflect: (a) the printing and distribution of fewer materials; and (b) a reduction in the estimated number of pages that would be required to comply with Act 309 requirements, including the use of 11 point font, rather than 12 point font, for the service directory. In addition, delete the requirement that these materials be printed in 12 font type.

Alternative 3		GPR
1997-99 FUNDING (Change	e to Bill)	- \$93,000

4. Adopt Alternative (3). In addition, place funding provided for the publication and distribution of these materials (\$40,900 GPR in 1997-98 and \$38,900 GPR in 1998-99) in unallotted reserve for release by the Department of Administration once the court has determined that DHFS may publish and distribute these materials.

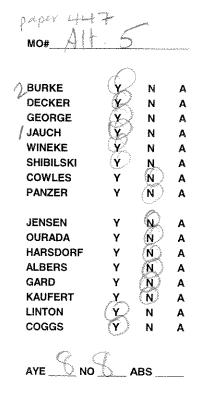
Alternative 4	GPR
1997-99 FUNDING (Change to Bill)	- \$93,000

5. Deny the Governor's recommendation to provide funding for the publication and distribution of these materials (-\$100,000 GPR in 1997-98 and 1998-99), but approve the Governor's recommendation to repeal the authority of DHFS and county agencies to charge for these materials.

Alternative 5	<u>GPR</u>
1997-99 FUNDING (Change to Bill)	- \$200,000

Prepared by: Amie T. Goldman

Attachment





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BURKE	Υ	N	A
DECKER	Υ	N	Α
GEORGE	Υ	N	Α
JAUCH	Υ	N	Α
WINEKE	Υ	(N)	Α
SHIBILSKI	Υ	N	Α
COWLES	Y	N	Α
PANZER	Y	N	A
JENSEN	(y .)	N	Α
COURADA	(γ/	N	Α
HARSDORF	$\langle \mathbf{y} \rangle$	N	Ā
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ATTACHMENT

PHILADELPHIA COUNTY (continued)

Financial Assistance Services (continued)

County Assistance Office 411 Frankford Avenue Philadelphia, PA 19124 215-560-6476

County Assistance Office 1350 Sedgley Avenue Philadelphia, PA 19132-2496 215-560-4985

County Assistance Office 1334 Bainbridge Street Philadelphia, PA 19147 215-560-4322

County Assistance Office 1348 Sedgley Avenue Philadelphia, PA 19132 215-560-4700

County Assistance Office 5000 Parkside Avenue Philadelphia, PA 19131 215-560-6112

Adoption Services provide information and answer questions you may have about adoption. The following agencies can help you:

Adoption Services Catholic Social Services 222 North 17th Street Philadelphia, PA 19103 215-587-3900

Adoption Services Children's Choice Suite 350 Scott Plaza II Philadelphia, PA 19113 215-521-6270

Adoption Services International Families Adoption Agency 518 South 12th Street Philadelphia, PA 19147 215-557-7797

Adoption Services Lutheran Children And Family Services P.O. Box C-12 101 East Olney Avenue Philadelphia, PA 19120 215-951-6850

Adoption Services The Option of Adoption 504 East Haines Street Philadelphia, PA 19144 215-742-7423

Adoption Services Women's Christian Alliance 1610 North Broad Street Philadelphia, PA 19121 215-236-9911

Children's Health Services provide health and medical care for children. The following agencies can help you:

Philadelphia Department of Public Health 540 Municipal Services Bldg. Corner 15th & IFK Blvd. Philadelphia, PA 19102 215-686-5000

MICS

Philadelphia Maternity Services Philadelphia Department of Public Health 500 South Broad Street Philadelphia, PA 19146 215-875-5927

MICS

Albert Einstein Medical Center Northern Division York and Tabor Roads Philadelphia, PA 19141 215-456-6090

MICS

Episcopal Hospital Front Street & Lehigh Avenue Philadelphia, PA 19125 215-427-7000

MICS

Hahnemann University Hospital Broad and Vine Streets Philadelphia, PA 19102 215-448-7636

MICS

Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104 215-662-4000

MICS

Kensington Hospital 136 West Diamond Street Philadelphia, PA 19122 215-426-8100

MICS

Medical College Hospital 3300 Henry Avenue Philadelphia, PA 19129 215-842-6000

MICS

Methodist Hospital 2301 South Broad Street Philadelphia, PA 19148 215-952-9001

MICS

Philadelphia College of Osteopathic Medicine 4150-90 City Avenue Philadelphia, PA 19131 215-871-1144

MICS

Pennsylvania Hospital 8th and Spruce Streets Philadelphia, PA 19107 215-829-3313

To:

Joint Committee on Finance

From:

Bob Lang, Director

Legislative Fiscal Bureau

ISSUE

WisconCare (DHFS -- Health)

[LFB Summary: Page 286, #14]

CURRENT LAW

Established in 1985, the WisconCare program provides primary health care services to under-and unemployed persons through an organized network of medical providers. The program supports basic health services, including routine physician visits, outpatient diagnostic and laboratory services, inpatient maternity care and prescription medication to eligible individuals.

In order to be eligible for the WisconCare program, a person: (a) must be unemployed or be employed for less than 25 hours per week; (b) live in a family with income less than 150% of the federal poverty level; and (c) may not have, or is unable to obtain, health insurance or health care coverage.

DHFS is directed to implement the program in counties with high unemployment rates and within which a maximum of donated or reduced-rate health care services can be obtained. Currently, WisconCare services are available to residents in 17 counties.

The WisconCare program is supported by a combination of state funding and professional services donated by providers. Physicians and other health care providers receive payment under the program only for the non-labor technical costs of the services they render, such as laboratory services. State support for the program is provided through an assessment on hospitals that generates a total of \$1,500,000 annually. The amount each hospital contributes to the program is based on the hospital's proportion of gross private pay patient revenues during the hospital's most recently concluded fiscal year.

The 17 counties currently participating in WisconCare are: Brown, Door, Douglas, Forest, Kenosha, Lincoln, Milwaukee, Oconto, Oneida, Portage, Price, Sawyer, Shawano, Vilas, Washburn, Waukesha, and Waushara.

GOVERNOR

Lapse \$686,900 from the unencumbered balance of the Wisconcare program revenue appropriation to the general fund on the bill's general effective date. Under the Governor's recommendation, base funding for the program (\$1,500,000 PR) would be budgeted in each year of the 1997-99 biennium.

DISCUSSION POINTS

- 1. The Governor's recommendation is based on an estimated PR fund balance of \$836,900 at the end of the 1995-96 fiscal year. However, the Governor wished to retain a cash reserve of \$150,000 in the appropriation, which represents 10% of the annual appropriation amount (\$1,500,000). Consequently, the Governor's recommendation is to lapse an amount equal to the difference between the estimated PR fund balance and the cash reserve.
- 2. The actual 1995-96 closing balance of the WisconCare appropriation was \$875,900. If the Committee wished to retain a \$150,000 cash reserve in the appropriation as recommended by the Governor, it could modify the Governor's recommendation by lapsing \$725,900 to the general fund, an amount that is \$39,000 greater than the lapse amount recommended by the Governor.
- 3. Although it may be prudent to retain a cash balance in the appropriation, it may not be necessary. Retaining a cash balance in the appropriation would enable DHFS to pay claims for services provided in a previous fiscal year if no new budget authority is provided. For example, if no additional funding were authorized in the program after the 1997-99 biennium and the PR appropriation was not repealed, any carryover balance would be available in 1999-2000 to pay claims for services provided in 1998-99.

As an alternative to the Governor's recommendation, the Committee could lapse the entire balance of the WisconCare PR appropriation as of June 30, 1996, to the general fund. Under this alternative, the estimated lapse to the general fund would be \$875,900, an amount that is \$189,000 greater than the amount that would be lapsed under the Governor's recommendation.

4. The current cash balance in the WisconCare appropriation has accumulated over time, although most of the cash balance was accrued in 1995-96. A review of the program's 1996-97 spending to date suggests that the program will likely expend the full 1996-97 \$1.5 million appropriation amount.

The following table provides a summary of the program's cash balances for each of the last five fiscal years and projections for the 1996-97 fiscal year.

TABLE 1
WisconCare
Program Revenue Cash Balances
1991-92 through 1996-97

	<u>1991-92</u>	1992-93	1993-94	1994-95	<u>1995-96</u>	Estimate 1996-97
Opening Balance Revenues Expenditures	\$405,600 1,231,200 <u>-1,448,200</u>	\$188,600 1,501,500 -1,530,600	\$159,500 1,500,000 -1,442,800	\$216,700 1,500,000 -1,243,000	\$473,700 1,500,000 -1,097,800	\$875,900 1,500,000 <u>-1,500,000</u>
Closing Balance	\$188,600	\$159,500	\$216,700	\$473,700	\$875,900	\$875,900

- 5. As recently as a year ago, some individuals who qualified for the program were placed on waiting lists because there were too few participating providers available to meet program demand. In 1995, the administration of the program was transferred from the Wisconsin Primary Health Care Association to Electronic Data Systems (EDS). EDS has implemented automated systems for client enrollment, claims processing and claims payment. Under the management of EDS, provider participation in the program has increased. Currently, 797 physicians and clinics, 447 pharmacies and 48 hospitals are participating in the program.
- 6. As of March, 1997, there were 1,360 individuals enrolled in WisconCare and there was no waiting list for the program. In 1995-1996, 78% of WisconCare enrollees were unemployed and 22% had limited employment. Over 50% of the enrollees were over 30 years of age and 65% were female.

The following table provides historical information on WisconCare enrollment and average per person program expenditures.

TABLE 2
WisconCare Enrollment and Expenditures
1991-92 through 1995-96

Fiscal Year	Average Enrollment	Average Per Person Expenditures
1991-92	1,980	\$612
1992-93	1,858	672
1993-94	1,700	708
1994-95	1,442	744
1995-96	1,314	756

- 7. Recently, the unemployment rate has declined in a number of the WisconCare counties which has reduced the number of persons eligible for the program. If current enrollment and utilization trends continue, DHFS has indicated that it may expand the program to one or two additional counties in 1997-98.
- 8. The Committee could use the projected cash balance in the appropriation to expand the WisconCare program by providing \$437,900 PR in 1997-98 and \$438,000 PR in 1998-99 and directing DHFS to expand the program to additional counties. However, this alternative would require that the hospital assessment be increased in future years to maintain support for the expanded program.
- 9. The Governor's proposal would use program revenues previously contributed by hospitals for a specific health program to improve the balance of the state's general fund. If the Committee determines that this is an inappropriate use of these funds, it could either: (a) retain the balance in the WisconCare appropriation; or (b) direct DHFS to reduce the amount of the 1997-98 assessment by \$875,900.

ALTERNATIVES TO BILL

- 1. Approve the Governor's recommendation to lapse \$686,900 from the WisconCare program revenue appropriation to the general fund on the bill's general effective date.
- 2. Lapse \$725,900 from the WisconCare revenue appropriation to the general fund on the bill's general effective date, based on the actual appropriation balance as of June 30, 1996, less a \$150,000 cash reserve.

Alternative 2	<u>GPR</u>
1997-99 REVENUE (Change	to Bill) \$39,000

3. Lapse the entire cash balance of the WisconCare program, as of June 30, 1996, to the general fund on the bill's general effective date.

Alternative 3	<u>GPR</u>
1997-99 REVENUE (Change to Bill)	\$189,000

4. Delete the Governor's recommendation. Instead, provide \$437,900 PR in 1997-98 and \$438,000 PR in 1998-99 to increase funding for the WisconCare, but maintain the current \$1,500,000 annual assessment on hospitals. In addition, direct DHFS to expand the program beyond the current 17 counties, to the extent that funding and provider participation would permit.

Alternative 4	<u>GPR</u>	PR
1997-99 REVENUE (Change to Bill)	- \$686,900	
1997-99 FUNDING (Change to Bill)		\$875,900

5. Delete the Governor's recommendation and, instead, direct DHFS to reduce the 1997-98 hospital assessment by \$875,900.

Alternative 5	<u>GPR</u>	PR	TOTAL
1997-99 REVENUE (Change to Bill)	- \$686,900	- \$875,900	- \$1,562,800

6. Delete the provision from the bill and retain the balance in the WisconCare appropriation.

Alternative 6	<u>GPR</u>
1997-99 REVENUE (Change to Bill)	- \$686,900

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		JAUCH	Y	N	Α
		WINEKE	Υ	N	Α
		SHIBILSKI	Υ	N	Α
		COWLES	Y	Ν	Α
		PANZER	Y	N	A
		JENSEN	Υ	N	Α
		OURADA	Y	N	Α
		HARSDORF	Y	N	Α
		ALBERS	Y	N	A
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WisconCare

Motion:

Move to direct DHFS to continue to provide services to individuals who are currently enrolled in the WisconCare program, if they cannot be served by an entity receiving a grant under the restructured WisconCare program. In addition, direct DHFS to support these services with the \$150,000 cash reserve of the WisconCare appropriation.

Note:

Currently, individuals in 17 counties are enrolled in the WisconCare program. If the program is restructured to a competitive grant program and these grants are awarded to clinics outside of these 17 counties, there may be individuals who would no longer have access to health care services supported by the WisconCare assessment. This motion would guarantee that those individuals would continue to receive services.

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WisconCare Program Restructure

Motion:

Move to modify the WisconCare program by deleting all statutory provisions relating to program providers, eligible services, delivery of services in specified counties and eligibility of enrollees. Instead, direct DHFS to administer the program as a competitive grant program, under which DHFS would provide grants totalling \$1,500,000 PR annually to community-based, nonprofit corporations governed by a community-based board of directors that are located in a designated medically underserved area or serve an underserved population. Specify that any entity that receives a grant: (a) provide comprehensive primary care services; (b) serve all persons, regardless of insurance status or ability to pay; and (c) establish a sliding fee scale for uninsured, low-income persons. Require DHFS to administer the program after consulting with representatives of statewide organizations and entities that represent primary care providers.

Note:

Currently, the Wisconcare program provides primary health care services to under- and unemployed persons through an organized network of medical providers. These providers only receive payment for the non-labor technical costs of the services they render, such as laboratory services. DHFS is directed to implement the program in counties with high unemployment rates within which a maximum of donated or reduced-rate health care services can be obtained.

Under the restructured program, grant recipients could reimburse providers for the non-labor technical costs of the services they render. Funding would be distributed as grants to certain nonprofit corporations, for the provision of primary care services, based on a competitive application process. DHFS would no longer be responsible for paying eligible claims of enrollees.

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Milwaukee Healthy Women and Infants Project (MHWIP)

Motion:

Move to provide \$560,000 GPR annually to support the Milwaukee Health Women and Infants Project (MHWIP).

Note:

The MHWIP is part of the federal healthy start initiative which aims to reduce infant mortality and improve the health and well-being of women, children and families. MHWIP's objective is to reduce infant mortality in the City of Milwaukee by providing prenatal care, infant care and other services for uninsured and underinsured women of childbearing age and their infants. Federal funding for this project expires on September 30, 1997.

[Change to Bill: \$1,120,000 GPR]

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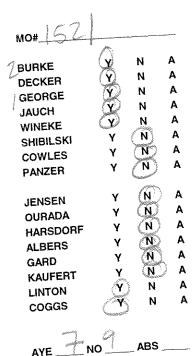
Birth and Developmental Outcome Monitoring Program

Motion:

Move to delete provisions in the bill that would repeal the birth and developmental outcome monitoring program. In addition, provide \$97,900 GPR in 1997-98 and \$130,500 GPR in 1998-99 to support 3.0 GPR positions, beginning in 1997-98 for the birth and developmental outcome monitoring program.

Note:

[Change to Bill: \$228,000 GPR and 3.0 GPR positions]



Motion #1521

South-Side Guadalupe Dental Clinic

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Move to provide \$121,000 GPR annually to the South-Side Guadalupe Dental clinic to support the operational expenses of providing student dental training to Marquette University students.

Note:

The clinic provides dental training four days per month to Marquette Dental School students. The nonprofit clinic provides low-cost and free dental services to residents of the near south side, inner city and north side of the City of Milwaukee.

[Change to Bill: \$242,000 GPR]

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WINEKE	Y	N	Α
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Donated Dental Services Program

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Move to provide \$40,000 GPR in 1997-98 and \$40,000 GPR in 1998-99 for DHFS to contract with the Wisconsin Dental Association to administer a donated dental services program.

Note:

This motion would provide funding for DHFS to contract with the Wisconsin Dental Association for the administration of a donated dental services program. Under this program, volunteer dentists would provide comprehensive dental care at no charge to disabled, aged and medically-compromised individuals. The funding provided in this motion would support the costs of one full-time referral coordinator for the program and other related program expenses.

[Change to Bill: \$80,000 GPR]

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Relief Block Grants

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Move to provide \$2,910,100 GPR in 1997-98 to fully reimburse all counties for costs incurred in calendar year 1995 under the former general assistance program for costs incurred by those counties that were not reimbursed by the state.

Note:

In calendar year 1995, all counties incurred costs totaling \$30,860,100 to provide services under the general assistance program. State reimbursement for these services totaled \$27,950,000, a difference of \$2,910,100.

[Change to Bill: \$2,910,100 GPR]

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Sheet1

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AND ACTUAL S	IAI	E REIMBURSEMEN	TTC	COUNTIES D	UE	TO PRORATION	
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COUNTY		REIMBURSEMENT	AN	IOUNT	D	IFFERENCE	
101110							
ADAMS		\$ 38,468.18		34,841.00	\$	3,627.18	
ASHLAND		\$ 6,346.95	~~~	5,748.00	\$		
BARRON		\$ 46,429.47	\$	42,051.00	\$		
BAYFIELD		\$ 13,120.66	\$	11,883.00	\$		
BROWN		\$ 351,894.23	\$	318,710.00	\$		
BUFFALO		\$ 12,090.32	\$	10,950.00			
BURNETT	Х		\$	-	\$		
CALUMET		\$ 23,974.86	\$	21,714.00		2,260.86	
CHIPPEWA		\$ 139,696.20		126,523.00		13,173.20	
CLARK	Х		\$		\$.0,170.20	
COLUMBIA		\$ 95,477.46		86,474.00		9,003.46	
CRAWFORD		\$ 11,219.64		10,162.00		1,057.64	
DANE		\$ 1,438,571.66		1,302,913.00		135,658.66	
OODGE		\$ 89,681.92		81,225.00		8,456.92	
DOOR		\$ 17,749.99		16,076.00		1,673.99	
OUGLAS		\$ 29,233.68		26,477.00	\$	2,756.68	
DUNN		\$ 42,080.84		38,113.00	\$		
EAU CLAIRE	11	\$ 141,105.73		127,799.00		3,967.84	
LORENCE		\$ 3,569.32		3,233.00	<u> </u>	13,306.73	
OND DU LAC		\$ 94,521.90		85,608.00		336.32	
OREST	$\dashv \dagger$	\$ 211.78		192.00	\$	8,913.90	
SRANT		\$ 30,043.21	\$	27,210.00	\$	19.78	
REEN	++	\$ 46,086.68	\$	41,741.00	\$	2,833.21	
GREEN LAKE	X	\$ -	\$	41,741.00	\$	4,345.68	
OWA	++	\$ 18,631.61	\$	16 975 00		4 750 04	
RON	+	\$ 280.00	\$	16,875.00	\$	1,756.61	
ACKSON	++	\$ 28,399.99	\$	254.00	\$	26.00	
EFFERSON	++			25,722.00	\$	2,677.99	
UNEAU	╁┼	*	·}	124,346.00		12,947.11	
ENOSHA	+		\$	24,688.00	\$	2,570.47	
EWAUNEE	···-		\$	276,524.00	\$	28,791.70	
A CROSSE		\$ 2,247.40	\$	2,036.00	\$	211.40	
AFEYETTE		\$ 68,878.30	\$	62,383.00	\$	6,495.30	
~		\$ 12,908.26 \$ 22,908.26	\$	11,691.00	\$	1,217.26	
ANGLADE		\$ 32,870.84	\$	29,771.00	\$	3,099.84	
INCOLN		\$ 4,272.04	\$	3,869.00	\$	403.04	
ANITOWOC		\$ 123,176.59	\$	111,561.00	\$	11,615.59	
ARATHON		\$ 320,951.49	\$	290,686.00	\$	30,265.49	
ARINETTE		\$ 55,858.59	\$	50,591.00	\$	5,267.59	
ARQUETTE	~	\$ 24,445.06	\$	22,140.00	\$	2,305.06	
ENOMINEE		\$ 10,160.45	\$	9,202.00	\$	958.45	
ILWAUKEE		\$ 24,220,125.05	\$ 2	1,936,143.00	\$	2,283,982.05	
ONROE	~	\$ 49,269.65	\$	44,624.00	\$	4,645.65	
CONTO	1	\$ 125,946.92	\$	114,070.00	\$	11,876.92	

Sheet1

ONEIDA	\$	18,970.29	\$	17,181.00	\$	1,789.29	1	
OUTAGAMIE	\$	128,455.80	\$	116,342.00	\$	12,113.80		
OZAUKEE	\$	7,742.78	\$	7,013.00	\$	729.78		
PEPIN	\$	101.64	\$	92.00	\$	9.64		
PIERCE	\$	4,576.24	\$	4,145.00	\$	431.24		
POLK	\$	56,472.83	\$	51,147.00	\$	5,325.83		
PORTAGE	\$	163,458.30	\$	148,044.00	\$	15,414.30		
PRICE	\$	19,116.60	\$	17,314.00	\$	1,802.60		
RACINE	\$	372,711.25	\$	337,564.00	\$	35,147.25		
RICHLAND	\$	10,223.52	\$	9,259.00	\$	964.52		
ROCK	\$	397,663.85	\$	360,164.00	\$	37,499.85		
RUSK	\$	5,485.61	\$	4,968.00	\$	517.61		
SAUK	\$	33,996.22	\$	30,790.00	\$	3,206.22		
SAWYER	\$	8,501.99	\$	7,700.00	\$	801.99		
SHAWANO	\$	12,109.04	\$	10,967.00	\$	1,142.04		
SHEBOYGAN	\$	94,769.88	\$	85,833.00	\$	8,936.88		
ST CROIX	\$	25,595.04	\$	23,181.00	\$	2,414.04		
TAYLOR	\$	20,164.18	\$	18,263.00	\$	1,901.18		
TREMEALEAU	\$	32,940.06	\$	29,834.00	\$	3,106.06	*	
VERON	\$	18,466.76	\$	16,725.00	\$	1,741.76		
VILAS	\$	9,910.72	\$	8,976.00	\$	934.72		
WALWORTH	\$	54,217.34	\$	49,105.00	\$	5,112.34		
WASHBURN	\$	795.00	\$	720.00	\$	75.00		
WASHINGTON	\$	115,696.96	\$	104,787.00	\$	10,909.96		
WAUKESHA	\$	573,613.58	\$	519,521.00	\$	54,092.58		
WAUPACA	\$	67,273.21	\$	60,929.00	\$	6,344.21		
WAUSHRA	\$	6,068.33	\$	5,496.00	\$	572.33		
WINNEGAGO	\$	290,255.49	\$	262,884.00	\$	27,371.49		
WOOD	\$	70,925.23	\$	64,237.00	\$	6,688.23		
	\$	30,860,141.94	\$	27,950,000.00	\$	2,910,141.94		
	4_4		<u> </u>	***				
		TE: \$3711 INCLU						
	FOLLOWING COUNTIES: BURNETT - \$1918,							
	CLARK - \$449 & GREEN LAKE - \$1344.							
	THESE DOLLARS REVERT BACK TO THE STATE'S							
	GENERAL FUND AND WERE NOT USE BY THE							
		ARTMENT TO A	LLC	CATE TO THE	PR	ORATED		
	COL	JNTIES.						

BUDGET

First Year Expenses: \$76,150

Amount	Line Item	<u>Detail</u>
\$30,600	Personnel	25,000 salary for a full-time referral coordinator 2,800 benefits (health and disability insurance) 2,800 taxes (social security, unemployment, workers comp)
12,000	Laboratory Services	removable prostheses. The fabrication of many will be donated by participating dental laboratories; however, the need for laboratory support will exceed what volunteer labs can reasonably provide. Funds are therefore budgeted to reimburse dentists, as necessary
10,000	Technical Support	for laboratory bills. DDS is a licensed program of the National Foundation of Dentistry for the Handicapped (NFDH). The Foundation provides technical and administrative support to the projects. Initial training and ongoing guidance is provided for the referral coordinator. The Foundation also advises and assists with all aspects of establishing and operating the program. First year costs
5,600	Volunteer Recognition	start-up and training. Each volunteer dentist and laboratory will be given a plaque.
		pictured in the brochure, acknowledging their involvement. Annual participation tabs, which can be affixed to the plaques, will also be distributed. The unit cost of the plaques is \$16. Approximately 350 will be distributed the first year.
3,000	Equipment	1,700 Computer and printer 1,000 Desk, chair, file cabinet, and bookcase for coordinator
3,000	Telephone	300 Telephone equipment Local service, an intra-state WATS line, and some out-state long
2,600	Travel	distance charges. The referral coordinator will be trained for 3 days at the NFDH office in Denver. Several months later, a trainer from the Foundation will travel to Wisconsin for 3 days of follow-up training. Each trip is budgeted at \$800. Another \$1,000 is
2,500	Printing/Copying	included for the coordinator's local travel. Letters and postcards to recruit volunteers, DDS brochures to inform potential referral agencies about the project, project
2,500	Postage	stationery and envelopes, application forms, etc. Money to distribute above materials
2,400	Rent	\$200/month for a referral coordinator's office
800	Office Supplies	Computer, filing, and other general supplies
500	Software	The NFDH will donate the DDS software; however, upgrades on related programs will be needed.
350	Audit	Cost to audit annual financial report.
300 \$76,150	Insurance	Share of general liability insurance

Office of Health Care Information

Motion:

Delete all statutory provisions relating to the transfer of the Office of Health Care Information (OHCI) from the Office of the Commissioner of Insurance (OCI) to the Department of Health and Family Services (DHFS). Reduce DHFS funding by \$1,359,600 PR annually and 18.0 PR positions, and increase OCI funding by \$1,446,300 PR annually and provide 19.0 PR positions, beginning in 1997-98.

Introduce these provisions as separate legislation, introduced by the Co-Chairs of the Joint Committee on Finance.

Note:

In September 1996, the functions of OHCI were transferred from OCI to DHFS under a memorandum of understanding between the two agencies.

Senate Bill 77 includes statutory provisions to transfer OHCI from OCI to DHFS. The bill would reduce OCI's budget by \$1,446,300 PR annually and 19.0 PR positions, beginning in 1997-98 and increase the DHFS budget by \$1,359,600 PR annually and 18.0 PR positions, beginning in 1997-98. The difference in funding and position authority relates to the proposed elimination of 1.0 PR unclassified position that serves as the Director of OHCI.

This motion would delete all of the statutory provisions relating to this item. Further, the motion and restore funding for the unclassified office director position that would be deleted in SB 77.

[Change to Bill: \$173,400 PR and 1.0 PR position]

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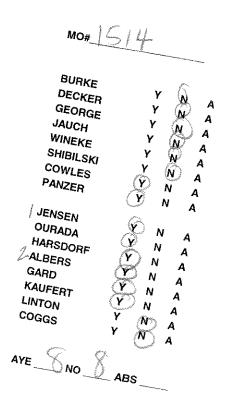
Collection and Analysis of Health Care Data

Motion:

Move to direct DHFS to develop a plan for the privatization of the collection and analysis of health care data. Direct DHFS to report on this plan to the Committee by January 1, 1998.

Note:

Currently, the Office of Health Care Information and the Center for Health Statistics perform these functions.



Health

LFB Summary Items for Which No Issue Papers Have Been Prepared

Item #	<u>Title</u>
2	Relief Block Grants
4	Disease Aids Reestimate
8	Office of Health Care Information
11	Regulation of WIC Vendors and Food Distribution Centers
15	Birth and Developmental Outcome Monitoring Program
16	Health Policy Program
17	Radiological Materials
18	Vital Records
19	Fees for Health Statistics

LFB Summary Item to be Addressed in a Subsequent Paper

Item #	Title
7	Health Insurance Risk Sharing Plan

LFB Summary Items for Introduction as Separate Legislation

Item #	Title
13	Information Regarding Abortion and Abortion Alternatives
20	Hospital Bed Moratorium
21	Anatomical Gift Tissue and Bone Removal
22	Liability of Student Health Care Providers